

I.M.P.A.C.® CALIFORNIA CARDHOLDER ACCOUNT UPDATE

Check all applicable boxes

☐ CHANGE

☐ CANCELLATION

☐ REISSUE PLASTIC

NOTE: ALL BOXED AREAS MUST BE COMPLETED IN ORDER TO PROCESS

CARDHOLDER ACCOUNT # **4055 -01**____ - ____ - ____

CARDHOLDER NAME _____

FILL OUT ONLY THE INFORMATION BELOW THAT IS TO BE CHANGED - PLEASE PRINT OR TYPE

DEPT/OFFICE/AGENCY NAME _____ (Max 30)

CARDHOLDER NAME _____ (Max 12/1/17)
(First name, middle initial, last) (Maximum of 20 embossed on card)

ADDRESS ONE _____ (Max 30)

ADDRESS TWO _____ (Max 30)

CITY _____ STATE CA ZIP +4 _____

PHONE (____) _____

EMBOSSSED DESTINATION _____ (Max 2)

(Select Destination: P = Program Coordinator, B = Billing Office,

MERCHANT ACTIVITY TYPE _____

D = Dispute Office AND Level: 3/4, Example: P 4)

30 DAY LIMIT \$ _____ (\$100 increments)

SINGLE PURCHASE LIMIT \$ _____ (\$50 increments)

USER FIELD 1 _____ (Max 12)
(Shown on G077 - Acct Info report ONLY)

USER FIELD 2 _____ (Max 15)
(1st 8 characters show on card)

MASTER ACCOUNTING CODE _____

(Max 75)

COMPLETE THE FOLLOWING TO TRANSFER CARDHOLDER TO NEW APPROVING OFFICIAL ONLY:

Note- Cardholders can only be moved to a new AO number after a cycle date.

APPROVING OFFICIAL NUMBER 4055 01 ____ - ____ - ____ CYCLE DATE 22

Input Submitted by: APC

REQUIRED

Authorized Sig _____

Name _____

Address _____

Phone _____

Date _____

I.M.P.A.C. Card Services Use Only

Rec'd Date _____

Reject Reason: ☐ Missing Information

Input/Verify Date _____

☐ Need Authorized Signature

SEND TO: I.M.P.A.C. Card Services, P.O. Box 6346, Fargo, ND 58125-6346

PHONE: 1-800-227-6736 FAX REQUESTS TO: 701-461-3910